

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06141

Reg. Dist. No.

FOR STATE  
HEALTH DEPT.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> <b>6172</b> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Near Tilghman, Md.</u> c. LENGTH OF STAY IN 1b <u>Mt. Rainer</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>3205 Vernum St.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Prince George's</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>16 16-2</u> d. STREET ADDRESS <u>3205 Vernum St.</u> e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Stanley Hartman Avery</u>		4. DATE OF DEATH Month Day Year <u>May 24 1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 3, 1934</u>
9. AGE (In years and birthday) <u>24</u> yrs.		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jalousie Opr.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>David Max Glass Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Wash. D.C.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Stanley Avery</u>		14. MOTHER'S MAIDEN NAME <u>Elva Bamberger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> <u>Korean Conflict</u>		16. SOCIAL SECURITY NO. <u>578-42-5109</u>	
17. INFORMANT <u>Jeanette Avery</u>		Address <u>3205 Vernum St. Mt. Rainer, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Accidental drowning</u> <u>850.X</u> DUE TO Conditions, if any, which gave rise to immediate cause (b) (c) <u>stating the underlying cause lost.</u> DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Interval between onset and death</u>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Fell from boat while fishing</u>	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>Talbot</u>	20f. (City or town) (County) (State) <u>Talbot</u>
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <u>Norman Harrison</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
EXAMINER'S NAME (Type) <u>THURSTON HARRISON</u>		DATE SIGNED <u>30 May 58</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>6/3/1958</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Arlington Nat'l Cem.</u>	22d. LOCATION (City, town, or county) (State) <u>Arlington, Va.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Norman D. Marshall</u>		24a. REC'D BY REGISTRAR <u>St. Michael's</u> 24b. REGISTRAR'S SIGNATURE <u>Alfred Leach</u>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate within the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6151 CERTIFICATE OF DEATH

06142

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>Talbot</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Talbot</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Easton</b>				c. LENGTH OF STAY IN 1b <b>20 mi.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Tunis Mills.</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Easton Memorial Hospital</b>				d. STREET ADDRESS <b>1</b>			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Anna Rebecca Bailey</b>			4. DATE OF DEATH Month Day Year <b>May 27, 1958 19</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct 14, 1881</b>		9. AGE (In years last birthday) <b>76</b> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>		11. BIRTHPLACE (State or foreign country) <b>Talbot County, Md</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John H. Bailey</b>				14. MOTHER'S MAIDEN NAME <b>Clara Tufford</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>John H. Bailey, Tunis Mills, Md</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic heart disease</b> <b>420.0</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>			20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <b>P.M.</b> , 19____, to____, 19____, that I last saw the deceased alive on____, 19____, and that death occurred at____ M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>Louis Whitty</b>				ADDRESS (Street, city or town, state) <b>Easton Md</b>		DATE SIGNED <b>5-24-58</b>	
PERSON'S NAME (Type) <b>WELTY</b>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>May 30, 58</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Spring Hill</b>		22d. LOCATION (City, town, or county) (State) <b>Easton, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>				24a. REC'D BY REGISTRAR <b>[Signature]</b>		24b. REGISTRAR'S SIGNATURE <b>[Signature]</b>	



156, 45-01



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6173 CERTIFICATE OF DEATH

Reg. Dist. No. 06143

1. PLACE OF DEATH o. COUNTY <u>Talbot Co.</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Md.</u> b. COUNTY <u>Talbot Co.</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Trappe Md.</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Trappe Md.</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Trappe Md.</u>				d. STREET ADDRESS <u>Trappe Md.</u>			
3. NAME OF DECEASED (Type or print) First <u>Attison</u> Middle <u>Leonard</u> Last <u>Barnes</u>				4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8/4/1913</u>	9. AGE (In years lost birthday) <u>44</u> yrs.	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>		IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Trappe Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Samuel O. Barnes</u>				14. MOTHER'S MAIDEN NAME <u>Mary Price</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>213-32-6366</u>		17. INFORMANT <u>Mrs. Attison Barnes</u>		Address <u>Trappe Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic carcinoma of neck</u> <u>145.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Carcinoma of Tonsil, rt</u> DUE TO (c) <u>  </u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>6 mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. <u>  </u> p. m. <u>  </u> 19 <u>  </u>		20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>Sept. 1958</u> , 19 <u>  </u> , to <u>May 13</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>May 12</u> , 19 <u>58</u> , and that death occurred at <u>6 A. M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Arthur B. Cecil, Jr.</u> M.D.				ADDRESS (Street, city or town, state) <u>Easton Maryland</u>			
PHYSICIAN'S NAME (Type) <u>ARTHUR B. CECIL, JR.</u>				DATE SIGNED <u>  </u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>5/16/58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Dorchester Mem. Park</u>		22d. LOCATION (City, town, or county) (State) <u>Cambridge Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>LeCompte Funeral Service</u>				ADDRESS <u>Cambridge Md.</u>		24a. REC'D BY REGISTRAR DATE <u>MAY 19 '58</u>	
				24b. REGISTRAR'S SIGNATURE <u>  </u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: For this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



CERTIFICATE OF DEATH

DECEASED		DATE OF DEATH	
PLACE OF DEATH		AGE	
CAUSE OF DEATH		SEX	
MANNER OF DEATH		RACE	
EDUCATION		OCCUPATION	
RELIGION		MARRIAGE	
SINGLE		MARRIED	
WIDOWED		DIVORCED	
REMARKS		SIGNATURE OF DECEASED	
SIGNATURE OF WITNESSES		SIGNATURE OF PHYSICIAN	
SIGNATURE OF CLERK		SIGNATURE OF REGISTRAR	
SIGNATURE OF JUDGE		SIGNATURE OF SHERIFF	
SIGNATURE OF CORONER		SIGNATURE OF JURY	
SIGNATURE OF DISTRICT ATTORNEY		SIGNATURE OF COUNTY ATTORNEY	
SIGNATURE OF STATE ATTORNEY		SIGNATURE OF U.S. ATTORNEY	
SIGNATURE OF SENATOR		SIGNATURE OF REPRESENTATIVE	
SIGNATURE OF COMMISSIONER		SIGNATURE OF SECRETARY	
SIGNATURE OF ASSISTANT SECRETARY		SIGNATURE OF CHIEF CLERK	
SIGNATURE OF CLERK		SIGNATURE OF DEPUTY CLERK	
SIGNATURE OF RECORDS CLERK		SIGNATURE OF INDEXING CLERK	
SIGNATURE OF FILE CLERK		SIGNATURE OF DISTRIBUTION CLERK	
SIGNATURE OF MAIL CLERK		SIGNATURE OF TELETYPE CLERK	
SIGNATURE OF TELEPHONE CLERK		SIGNATURE OF TELEGRAPH CLERK	
SIGNATURE OF TELEVISION CLERK		SIGNATURE OF RADIO CLERK	
SIGNATURE OF RECORDS CLERK		SIGNATURE OF INDEXING CLERK	
SIGNATURE OF FILE CLERK		SIGNATURE OF DISTRIBUTION CLERK	
SIGNATURE OF MAIL CLERK		SIGNATURE OF TELETYPE CLERK	
SIGNATURE OF TELEPHONE CLERK		SIGNATURE OF TELEGRAPH CLERK	
SIGNATURE OF TELEVISION CLERK		SIGNATURE OF RADIO CLERK	



## 6152 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE <u>md.</u> b. COUNTY <u>Lucen Anne</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>2 days</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hosp.</u>				d. STREET ADDRESS <u>Centerville</u> 17x-2			
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Henry</u> Last <u>Baynard</u>				4. DATE OF DEATH Month <u>May</u> Day <u>23</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Not given</u>	9. AGE (In years last birthday) <u>54</u> Yrs.	10. UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		11. IF UNDER 24 HRS. Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Fred Baynard</u>				14. MOTHER'S MAIDEN NAME <u>Rosetta Hayman</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Helen T. Ayers</u> Address _____			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cirrhosis of liver</u> <u>581.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Sarcoma of right thigh</u> DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month _____ Day _____ Year <u>19</u> Hour o. m. _____ p. m. _____				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town)		(County)	(State)
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4 A.</u> M., from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>				ADDRESS (Street, city or town, state) <u>2195 Washington St. Easton 16 Maryland</u>			
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>				DATE SIGNED <u>27 May 58</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>5/26/58</u>		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY <u>Chesterfield Cemetery Centerville Md</u>		22d. LOCATION (City, town, or county) (State) <u>Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Paschal</u>				ADDRESS <u>Easton Md</u>		24a. REC'D BY REGISTRAR DATE <u>MAY 29 '58</u>	
				24b. REGISTRAR'S SIGNATURE <u>Albrecht</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be delivered for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6174

## CERTIFICATE OF DEATH

Reg. Dist. No.

06145

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Kent	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Trappe		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 1437.2	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Grimm Nursing Home		d. STREET ADDRESS Cross	
3. NAME OF DECEASED (Type or print) First Middle Last Norris C. Crew		4. DATE OF DEATH May 26, 1958	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1884
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Poultry Dealer		9b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Crew		14. MOTHER'S MAIDEN NAME Howell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 214-32-7086	
17. INFORMANT Mrs. Amanda Rambo		Address Easton, Md. RD. # 1	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma - Left Prostatic 142.0 DUE TO Conditions, if any, which gave rise to immediate cause (b), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 4 mos.	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. n. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from MARCH 1958 to MAY 26, 1958, that I last saw the deceased alive on MAY 26, 1958, and that death occurred at 6:30 P.M. from the causes and on the date stated above.			
ACTUAL SIGNATURE Donald F. Bartley M.D.		ADDRESS (Street, city or town, state) 977. Hanson St. DATE SIGNED 5-26-58	
PHYSICIAN'S NAME (Type) DONALD F. BARTLEY M.D.		Easton, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF May 28, 1958	
22c. NAME OF CEMETERY OR CREMATORY Chester Cem.		22d. LOCATION (City, town, or county) (State) Chestertown, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE		24a. REC'D BY REGISTRAR	
ADDRESS Chestertown, Md.		DATE	
24b. REGISTRAR'S SIGNATURE			







# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06146

Reg. Dist. No.

FOR STATE  
HEALTH DEPT.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MARYLAND</u> b. COUNTY <u>Talbot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		c. LENGTH OF STAY IN 1b <u>D.O.A.</u>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <u>MEMORIAL HOSPITAL</u>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>RAYMOND</u>		4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1958</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOV. 9, 1906</u>
9. AGE (In years last birthday) <u>51</u> yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>UNKNOWN</u>		14. MOTHER'S MAIDEN NAME <u>KATIE MAE FLEETWOOD</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>220-16-7582</u>	
17. INFORMANT <u>MRS. WM. B. PIPPIN, WIFE, EASTON, R.D.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>823x</u> DUE TO <u>Respiration of heart.</u> Conditions, if any, which gave rise to immediate cause (b) <u>puncture wound</u> (a), stating the underlying cause lost. (c) <u>fractured 5th left rib</u>		INTERVAL BETWEEN ONSET AND DEATH <u>MD. sudden</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None</u>			
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Hiding in front seat of car involved in a collision car off road into ditch</u>	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>5:30</u> p. m. <u>5/30</u> 19 <u>58</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>So. Rte. 340</u>		20f. (City or town) <u>Miles River Neck Rd. Talbot Co.</u> (County) (State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>			
ACTUAL SIGNATURE <u>Thorston Harrison</u> M.D.		CHIEF MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>THORSTON HARRISON</u>		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>	
		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		22b. DATE THEREOF <u>6/2/58</u>	
22c. NAME OF CEMETERY OR CREMATORY <u>SPRING HILL CEMETERY</u>		22d. LOCATION (City, town, or county) <u>EASTON, MD.</u> (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>W.F. Carroll</u> ADDRESS <u>Easton, Md</u>		24a. REC'D BY REGISTRAR DATE <u>JUN 3 '58</u>	
		24b. REGISTRAR'S SIGNATURE <u>DeLoach</u>	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate within 24 hours after death. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial/transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.



FOR STATE  
HEALTH DEPT.

MARYLAND DEPARTMENT OF HEALTH - BALTIMORE 10  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. OCCUPATION	
6. PLACE OF BIRTH		7. DATE OF BIRTH		8. DATE OF DEATH		9. TIME OF DEATH		10. PLACE OF DEATH	
11. CAUSE OF DEATH									
12. MANNER OF DEATH									
13. SIGNATURE OF MEDICAL EXAMINER									
14. SIGNATURE OF WITNESS									
15. SIGNATURE OF CORONER									
16. SIGNATURE OF JURY									
17. SIGNATURE OF JUDGE									
18. SIGNATURE OF CLERK									
19. SIGNATURE OF SHERIFF									
20. SIGNATURE OF DEPUTY SHERIFF									
21. SIGNATURE OF CONSTABLE									
22. SIGNATURE OF DEPUTY CONSTABLE									
23. SIGNATURE OF TOWNSHIP CLERK									
24. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
25. SIGNATURE OF TOWNSHIP SHERIFF									
26. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
27. SIGNATURE OF TOWNSHIP CONSTABLE									
28. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
29. SIGNATURE OF TOWNSHIP CLERK									
30. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
31. SIGNATURE OF TOWNSHIP SHERIFF									
32. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
33. SIGNATURE OF TOWNSHIP CONSTABLE									
34. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
35. SIGNATURE OF TOWNSHIP CLERK									
36. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
37. SIGNATURE OF TOWNSHIP SHERIFF									
38. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
39. SIGNATURE OF TOWNSHIP CONSTABLE									
40. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
41. SIGNATURE OF TOWNSHIP CLERK									
42. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
43. SIGNATURE OF TOWNSHIP SHERIFF									
44. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
45. SIGNATURE OF TOWNSHIP CONSTABLE									
46. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
47. SIGNATURE OF TOWNSHIP CLERK									
48. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
49. SIGNATURE OF TOWNSHIP SHERIFF									
50. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
51. SIGNATURE OF TOWNSHIP CONSTABLE									
52. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
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54. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
55. SIGNATURE OF TOWNSHIP SHERIFF									
56. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
57. SIGNATURE OF TOWNSHIP CONSTABLE									
58. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
59. SIGNATURE OF TOWNSHIP CLERK									
60. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
61. SIGNATURE OF TOWNSHIP SHERIFF									
62. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
63. SIGNATURE OF TOWNSHIP CONSTABLE									
64. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
65. SIGNATURE OF TOWNSHIP CLERK									
66. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
67. SIGNATURE OF TOWNSHIP SHERIFF									
68. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
69. SIGNATURE OF TOWNSHIP CONSTABLE									
70. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
71. SIGNATURE OF TOWNSHIP CLERK									
72. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
73. SIGNATURE OF TOWNSHIP SHERIFF									
74. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
75. SIGNATURE OF TOWNSHIP CONSTABLE									
76. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
77. SIGNATURE OF TOWNSHIP CLERK									
78. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
79. SIGNATURE OF TOWNSHIP SHERIFF									
80. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
81. SIGNATURE OF TOWNSHIP CONSTABLE									
82. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
83. SIGNATURE OF TOWNSHIP CLERK									
84. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
85. SIGNATURE OF TOWNSHIP SHERIFF									
86. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
87. SIGNATURE OF TOWNSHIP CONSTABLE									
88. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
89. SIGNATURE OF TOWNSHIP CLERK									
90. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
91. SIGNATURE OF TOWNSHIP SHERIFF									
92. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
93. SIGNATURE OF TOWNSHIP CONSTABLE									
94. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									
95. SIGNATURE OF TOWNSHIP CLERK									
96. SIGNATURE OF TOWNSHIP DEPUTY CLERK									
97. SIGNATURE OF TOWNSHIP SHERIFF									
98. SIGNATURE OF TOWNSHIP DEPUTY SHERIFF									
99. SIGNATURE OF TOWNSHIP CONSTABLE									
100. SIGNATURE OF TOWNSHIP DEPUTY CONSTABLE									



## 6154 CERTIFICATE OF DEATH

Reg. Dist. No. 06147

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Md.</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg, Md. 05x-2</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hosp.</u>		d. STREET ADDRESS <u>rural</u>	
3. NAME OF DECEASED (Type or print) First <u>Luna</u> Middle <u>Grimes</u> Last <u>Grimes</u>		4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>December 28, 1872</u>
9. AGE (In years lost birthday) <u>85</u> yrs.		10. UNDER 1 YEAR IF UNDER 24 HRS. Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>	
11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Edward Hartley</u>		14. MOTHER'S MAIDEN NAME <u>Emily Springer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT <u>Herbert Hymel - Federalburg, Md.</u>		Address <u>Federalburg, Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture of heart</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Myocardial infarct</u> DUE TO (c) <u>  </u>			INTERVAL BETWEEN ONSET AND DEATH <u>  </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>  </u>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <u>  </u> o. m. <u>  </u> p. m. <u>  </u> Month <u>  </u> Day <u>  </u> Year <u>  </u> 19 <u>  </u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>  </u> 19 <u>  </u> to <u>  </u> 19 <u>  </u> , that I last saw the deceased alive on <u>  </u> and that death occurred at <u>2:30 AM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>		ADDRESS (Street, city or town, state) DATE SIGNED <u>2195 Washington St. 30 May 58</u>	
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>		<u>Easton 16, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>June 1, 1958</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Harlock, Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Harvey Williams - Federalburg, Md.</u>		ADDRESS <u>  </u>	
24a. REC'D BY REGISTRAR DATE <u>JUN 3 '58</u>		24b. REGISTRAR'S SIGNATURE <u>  </u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







6155

CERTIFICATE OF DEATH

Reg. Dist. No. 06148

1. PLACE OF DEATH o. COUNTY <u>talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN TB <u>1hr-50min</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clarence Meredith Harrison</u>				4. DATE OF DEATH Month <u>5</u> - Day <u>21</u> - Year <u>1958</u>			
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>9/7/90</u>	9. AGE (In years last birthday) <u>67</u> yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Waterman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Commercial Fishing</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>James M. Harrison</u>				14. MOTHER'S MAIDEN NAME <u>Emily Whalen</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>Marguerite</u>			
17. INFORMANT <u>Mrs Lillian Harrison (wife)</u>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart failure</u> <u>420.0</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) <u>Atherosclerotic heart disease</u> (c) _____				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While <input type="checkbox"/> of work Not while <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)				20g. (City or town) (County) (State)			
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>4:20 P.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E.C.H. Schmidt</u>				ADDRESS (Street, city or town, state) <u>219 S. Washington St. Easton, Maryland</u>			
PHYSICIAN'S NAME (Type) <u>E.C.H. Schmidt</u>				DATE SIGNED <u>22 May 58</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>May 24, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Tilghman Methodist</u>		22d. LOCATION (City, town, or county) (State) <u>Tilghman, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>C. J. Moore</u>				24a. REC'D BY REGISTRAR <u>Tilghman</u>		24b. REGISTRAR'S SIGNATURE <u>Albrecht</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







6156

## CERTIFICATE OF DEATH

Reg. Dist. No.

06149

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>17 Days</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>Bozman</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Manelia</u> Middle <u>Harrison</u> Last <u>Harrison</u>				4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1958</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 31, 1891</u>	9. AGE (In years last birthday) <u>67</u> yrs.	IF UNDER 1 YEAR Months <u>67</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Thomas R. Hunt</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth Ferguson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT Address <u>Mrs Della Harrison (daughter) Bozman, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial failure</u> <u>420.1</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>atherosclerotic coronary heart d</u> DUE TO (c) <u>-</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>obesity, Hypertension, essential</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)		(County)	(State)	
21. I certify that I attended the deceased from <u>August 5-30, 1958</u> to <u>5-30, 1958</u> , that I last saw the deceased alive on <u>5-30, 1958</u> , and that death occurred at <u>3:45 P</u> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Norman V. Marshall</u> M.D.				ADDRESS (Street, city or town, state) <u>St. Michael</u> DATE SIGNED <u>6-2-58</u>			
PHYSICIAN'S NAME (Type) <u>Norman V. Marshall</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	22b. DATE THEREOF <u>6/2/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>BOZMAN CEMETERY</u>		22d. LOCATION (City, town, or county) <u>Bozman, Maryland</u>		(State)	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Norman V. Marshall - St. Michael</u>				24a. REC'D BY REGISTRAR DATE <u>JUN 3 '58</u>		24b. REGISTRAR'S SIGNATURE <u>Al. Leach</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 6157 CERTIFICATE OF DEATH

Reg. Dist. No. 06150

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>25 days</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>Dorothy</u> Last <u>Jenkins</u>				4. DATE OF DEATH Month <u>5</u> Day <u>26</u> Year <u>1958</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>7/4/04</u>	
9. AGE (In years lost birthday) <u>53</u> yrs.		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>		IF UNDER 24 HRS. Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Sinagui Jenkins</u>				14. MOTHER'S MAIDEN NAME <u>Verzetter Clark</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT <u>Stella Ackimery (Cousin)</u>				Address <u>Easton, Md</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Insufficiency</u> <u>525x</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Pulmonary fibrosis</u> DUE TO (c) <u>cause undetermined</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>  </u> p. m. <u>  </u> 19 <u>  </u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <u>  </u> , 19 <u>  </u> , to <u>  </u> , 19 <u>  </u> , that I last saw the deceased alive on <u>  </u> , 19 <u>  </u> , and that death occurred at <u>8:40</u> M. from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>				ADDRESS (Street, city or town, state) <u>2195 Washington ST Easton Md.</u>			
DATE SIGNED <u>27 Nov 58</u>							
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>5/31/58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Richards Cem.</u>		22d. LOCATION (City, town, or county) (State) <u>Easton Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Duffell</u>				ADDRESS <u>Easton, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>MAY 29 '58</u>	
				24b. REGISTRAR'S SIGNATURE <u>  </u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







## 6158 CERTIFICATE OF DEATH

Reg. Dist. No. 06153

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>MARYLAND</u> b. COUNTY <u>Dorchester</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>1 hr. 45 min</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>none</u>			
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Wesley</u> Last <u>Lake</u>				4. DATE OF DEATH Month <u>May</u> Day <u>7</u> Year <u>1958</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-15-1868</u>	9. AGE (In years last birthday) <u>89</u> yrs.	IF UNDER 1 YEAR Months <u>8</u> Days <u>7</u> Hours <u>0</u> Min. <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>John Thompson</u>				14. MOTHER'S MAIDEN NAME <u>JANE LAKE</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT <u>Mary Conway (daughter)</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>434.2</u> DUE TO <u>Pulmonary edema</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>heart failure</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>260x Pericarditis mellitis</u>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:20 A.M.</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u> M.D.				ADDRESS (Street, city or town, state) <u>219 B. Washington St. Easton, Md.</u>			
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>				DATE SIGNED <u>7 May 58</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>May 10, 1958</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Easton, Maryland</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Frampton &amp; Son, Federalburg, Md.</u> ADDRESS				24a. REC'D BY REGISTRAR DATE <u>MAY 13 '58</u>		24b. REGISTRAR'S SIGNATURE <u>W. J. ...</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19



6159 CERTIFICATE OF DEATH

Reg. Dist. No. 06154

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>40 545 So Queen St. Easton Md</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS <u>1</u>	
3. NAME OF DECEASED (Type or print) First <u>Blanche</u> Middle <u>Ida</u> Last <u>Larmoise</u>		4. DATE OF DEATH Month <u>May</u> Day <u>28</u> Year <u>1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 4, 1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HW.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Med.</u>	
13. FATHER'S NAME <u>Joseph E. Botton</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Pennington</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT <u>J. E. Larmoise (Husband)</u>		Address <u>Easton Md.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral edema</u> <u>422.2</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Heart failure</u> DUE TO (c) <u>Myocardial scarring</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Birth</u> , 19 <u>05</u> , to <u>1958</u> , that I last saw the deceased alive on <u>1958</u> and that death occurred at <u>12:10 PM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u> M.D.		ADDRESS (Street, city or town, state) <u>219 S. Washington St. Easton, Md.</u>	
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>		DATE SIGNED <u>28 May 58</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREOF <u>5/30/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Easton, Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. Frankton Conell</u>		ADDRESS <u>EASTON, MD.</u>	
24a. REC'D BY REGISTRAR <u>W. Frankton Conell</u>		24b. REGISTRAR'S SIGNATURE <u>W. Frankton Conell</u>	
DATE <u>JUN 2 58</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







6160 CERTIFICATE OF DEATH

Reg. Dist. No. 06155

1. PLACE OF DEATH o. COUNTY <b>TALBOT</b> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <b>North Carolina</b> b. COUNTY <b>DARE</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>EASTON</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Manteo</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Easton Memorial Hosp.</b>		d. STREET ADDRESS <b>None</b>	
3. NAME OF DECEASED (Type or print) First <b>Guy</b> Middle <b>H.</b> Last <b>Lennon</b>		4. DATE OF DEATH Month <b>May</b> Day <b>29</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 23 1896</b>
9. AGE (In years last birthday) <b>61</b> yrs.		10. IF UNDER 1 YEAR: Months <b>6</b> Days <b>6</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	
11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William P. Lennon</b>		14. MOTHER'S MAIDEN NAME <b>Garnet Elthridge</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT <b>Dr. William S. Lennon</b>		Address <b>Easton, Maryland</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cocci pneumonia of lung, right</b> <b>168x</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <b>19</b> p. m.	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work of work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <b>22 May 1958</b> , 19 <b>58</b> , to <b>29 May 1958</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>22 May 1958</b> , 19 <b>58</b> , and that death occurred at <b>9:30</b> A. M. from the causes and on the date stated above.			
ACTUAL SIGNATURE <b>E. C. H. Schmidt</b>		M.D. <b>2195 - Washington St. 29 May 58</b>	
PHYSICIAN'S NAME (Type) <b>E. C. H. Schmidt</b>		ADDRESS (Street, city or town, state) <b>Easton 16, Maryland</b>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	22b. DATE THEREOF <b>MAY 31, 1958</b>	22c. NAME OF CEMETERY OR CREMATORY <b>MANTED CEMETERY</b>	22d. LOCATION (City, town, or county) (State) <b>MANTED NORTH CAROLINA</b>
23. FUNERAL DIRECTOR'S SIGNATURE <b>J. J. FRAMPTON &amp; SON, FEDERALSBURG, MD.</b>		24a. REC'D BY REGISTRAR <b>DATE JUN 9 '58</b>	
		24b. REGISTRAR'S SIGNATURE <b>Alfred</b>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







## 6161 CERTIFICATE OF DEATH

06156

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>TALBOT</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		c. LENGTH OF STAY IN 1b <u>7 hrs. 50 min.</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Easton Memorial Hosp.</u>		d. STREET ADDRESS <u>Clayborne, Md.</u>	
3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Albert</u> Last <u>Lindsay</u>		4. DATE OF DEATH Month <u>May</u> Day <u>30</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 15 1891</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	10c. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>George Lindsay, Sr.</u>		14. MOTHER'S MAIDEN NAME <u>Annie M. Rogers</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>#220-07-8290</u>	
17. INFORMANT <u>Helin M. Lewis, daughter</u>		Address <u>same</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>465X</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Pulmonary thrombosis</u> (c) <u>Myocardial infarction</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>465X</u>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. <u>19</u> p. m.	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Birth to death</u> , 19 <u>58</u> , to <u>1958</u> , that I last saw the deceased alive on <u>Aug 15, 1958</u> , and that death occurred at <u>8 A.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>		DATE SIGNED <u>2195 West 41st St 30 May 58</u>	
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>		ADDRESS (Street, city or town, state) <u>Easton 16, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>May 30, 1958</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Christ Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>St. Michaels, Md.</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>Hampton Harrison</u>		ADDRESS <u>St. Michaels, Md.</u>	
24a. REG'D BY REGISTRAR <u>5806</u>		24b. REGISTRAR'S SIGNATURE <u>W. Deane</u>	
DATE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







6162

## CERTIFICATE OF DEATH

06158

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton md</u>				c. LENGTH OF STAY IN 1b <u>9 hrs.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Trappe</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) <u>Easton Memorial Hospital</u>				d. STREET ADDRESS <u>N/A</u>		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Baby</u> First <u>Boy</u> Middle <u>Middlebrooks</u> Last <u>Brooks</u>				4. DATE OF DEATH <u>May</u> Month <u>9</u> Day <u>19</u> Year <u>58</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH	
9. AGE (In years lost birthday) <u>1</u> y.		IF UNDER 1 YEAR Months <u>9</u> Days <u>9</u> Hours <u>9</u> Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Memorial Hosp. Easton md</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13. FATHER'S NAME <u>Paul Middlebrooks</u>				14. MOTHER'S MAIDEN NAME <u>Sylvia Smith</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Paul &amp; Middleton Brooks</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>776 X Prematurity</u> <u>Wt-2-7 Length-13</u> DUE TO (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>INTERVAL BETWEEN ONSET AND DEATH, 9 hrs</u>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <u>5/8</u> , 19 <u>58</u> , to <u>5/9</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/9/58</u> , 19 <u>58</u> , and that death occurred at <u>6:50 P.M.</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>L. J. Eglsted</u> M.D.				ADDRESS (Street, city or town, state) <u>Easton Md</u>			
PHYSICIAN'S NAME (Type) <u>L. J. Eglsted</u>				DATE SIGNED			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF <u>5/11/58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Memorial Hospital Easton Md</u>		22d. LOCATION (City, town, or county) (State)	
23. FUNERAL DIRECTOR'S SIGNATURE				ADDRESS		24a. REC'D BY REGISTRAR DATE <u>MAY 20 58</u>	
						24b. REGISTRAR'S SIGNATURE <u>W. J. Eglsted</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 10



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## CERTIFICATE OF DEATH

Reg. Dist. No. 06157

1. PLACE OF DEATH o. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>12 days</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Trappe</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Wayne</u> Middle <u>Ronald</u> Last <u>Middleton</u>				4. DATE OF DEATH Month <u>May</u> Day <u>20</u> Year <u>1958</u>			
5. SEX <u>m</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5/8/58</u>		9. AGE (In years last birthday) <u>12</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Paul Middleton</u>				14. MOTHER'S MAIDEN NAME <u>Sylvia Smith</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Paul E. Middleton</u> Address <u>Johns</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>776X Prematurity</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>13 days</u> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>5/8</u> , 19 <u>58</u> , to <u>5/20</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/19</u> , 19 <u>58</u> , and that death occurred at <u>12:20 AM</u> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED <u>12 N. Hanson Easton Md</u> <u>5/29/58</u>							
ACTUAL SIGNATURE <u>L. Eglseider</u>				PHYSICIAN'S NAME (Type) <u>L. Eglseider</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF <u>5/24/58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Memorial Hosp</u>		22d. LOCATION (City, town, or county) (State) <u>Easton Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Body is unclaimed</u> ADDRESS				24a. REC'D BY REGISTRAR DATE <u>JUN 2 '58</u>		24b. REGISTRAR'S SIGNATURE <u>W. Search</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. COLOR		9. RELIGION		10. EDUCATION	
11. DATE OF DEATH		12. TIME OF DEATH		13. PLACE OF DEATH		14. CAUSE OF DEATH		15. MANNER OF DEATH	
16. SIGNATURE OF PHYSICIAN		17. SIGNATURE OF REGISTRAR		18. SIGNATURE OF WITNESSES		19. SIGNATURE OF DECEASED		20. SIGNATURE OF FUNERAL HOME	
21. SIGNATURE OF CORONER		22. SIGNATURE OF JURY		23. SIGNATURE OF JUDGE		24. SIGNATURE OF CLERK		25. SIGNATURE OF NOTARY	
26. SIGNATURE OF CHURCH		27. SIGNATURE OF SCHOOL		28. SIGNATURE OF EMPLOYER		29. SIGNATURE OF NEAREST RELATIVE		30. SIGNATURE OF FRIEND	
31. SIGNATURE OF NEIGHBOR		32. SIGNATURE OF STRANGER		33. SIGNATURE OF OTHER		34. SIGNATURE OF OTHER		35. SIGNATURE OF OTHER	
36. SIGNATURE OF OTHER		37. SIGNATURE OF OTHER		38. SIGNATURE OF OTHER		39. SIGNATURE OF OTHER		40. SIGNATURE OF OTHER	
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1. NAME OF DECEASED  
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3. AGE  
4. DATE OF BIRTH  
5. PLACE OF BIRTH  
6. OCCUPATION  
7. MARITAL STATUS  
8. COLOR  
9. RELIGION  
10. EDUCATION  
11. DATE OF DEATH  
12. TIME OF DEATH  
13. PLACE OF DEATH  
14. CAUSE OF DEATH  
15. MANNER OF DEATH  
16. SIGNATURE OF PHYSICIAN  
17. SIGNATURE OF REGISTRAR  
18. SIGNATURE OF WITNESSES  
19. SIGNATURE OF DECEASED  
20. SIGNATURE OF FUNERAL HOME  
21. SIGNATURE OF CORONER  
22. SIGNATURE OF JURY  
23. SIGNATURE OF JUDGE  
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Items 8, 9 Film G231 7-7-58 et

## CERTIFICATE OF DEATH

Reg. Dist. No.

06159

1. PLACE OF DEATH a. COUNTY <b>Talbot</b> <b>MARYLAND</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Maryland</b> b. COUNTY <b>Talbot</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Oxford</b>				c. LENGTH OF STAY IN TB <b>Life</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Market St.</b>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Sarah A. Queen</b>				4. DATE OF DEATH Month <b>5</b> Day <b>28</b> Year <b>1958</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Col</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>10/10/71 1877</b>	
9. AGE (In years lost birthday) <b>80 75</b> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13. FATHER'S NAME <b>Gilbert Adams</b>				14. MOTHER'S MAIDEN NAME <b>Tillie Cox</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>XX</b> (If yes, give war or dates of service) <b>XXX</b>				16. SOCIAL SECURITY NO. <b>212-07-3711-B, Isaac Queen.)</b>			
17. INFORMANT <b>B, Isaac Queen.)</b>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b> 332x DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Cerebral Arteriosclerotic Disease</b> DUE TO (c) <b>Generalized Arteriosclerosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>acute</b> <b>3-4 months</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 p. m.				20d. INJURY OCCURRED While <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/> at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town)				20g. (County)		20h. (State)	
21. I certify that I attended the deceased from <b>10-28, 1958</b> , to <b>5/28, 1958</b> , that I last saw the deceased alive on <b>5/26, 1958</b> , and that death occurred at <b>2 A.M. APR</b> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <b>12 N. HANSON ST. EASTON, MARYLAND</b> DATE SIGNED <b>12 N. HANSON ST. EASTON, MARYLAND</b>							
ACTUAL SIGNATURE <b>L. J. Eglender</b>				M.D. <b>12 N. HANSON ST. EASTON, MARYLAND</b>			
PHYSICIAN'S NAME (Type) <b>L. J. Eglender</b>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>5/31/58</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Johnwestly Cem</b>		22d. LOCATION (City, town, or county) (State) <b>Oxford Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>James B. Dashiell</b>				ADDRESS <b>Easton, Md</b>		24a. REC'D BY REGISTRAR DATE <b>JUN 5 '58</b>	
				24b. REGISTRAR'S SIGNATURE <b>W. Beach</b>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED                  WILLIAM J. BROWN</p>		<p>2. SEX                  MALE</p>	
<p>3. AGE                  45 YEARS</p>		<p>4. DATE OF DEATH                  JANUARY 15, 1925</p>	
<p>5. PLACE OF DEATH                  HOME</p>		<p>6. CITY, TOWN OR VILLAGE                  BOSTON</p>	
<p>7. COUNTY                  SUFFOLK</p>		<p>8. STATE                  MASSACHUSETTS</p>	
<p>9. OCCUPATION                  CLERK</p>		<p>10. CAUSE OF DEATH                  HEART DISEASE</p>	
<p>11. MANNER OF DEATH                  NATURAL</p>		<p>12. SIGNATURE OF PHYSICIAN                  J. H. BROWN</p>	
<p>13. SIGNATURE OF REGISTRAR                  J. H. BROWN</p>		<p>14. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>15. SIGNATURE OF WITNESSES                  J. H. BROWN</p>		<p>16. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>17. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>18. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>19. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>20. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>21. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>22. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>23. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>24. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>25. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>26. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>27. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>28. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
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<p>71. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>72. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>73. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>74. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>75. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>76. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>77. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>78. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>79. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>80. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>81. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>82. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>83. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>84. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>85. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>86. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>87. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>88. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>89. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>90. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>91. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>92. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>93. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>94. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>95. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>96. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>97. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>98. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	
<p>99. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>		<p>100. SIGNATURE OF DECEASED                  WILLIAM J. BROWN</p>	

MASSACHUSETTS STATE DEPARTMENT OF HEALTH - BOSTON, MASS.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6176

CERTIFICATE OF DEATH

Reg. Dist. No. 06160

1. PLACE OF DEATH o. COUNTY <b>Talbot</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Talbot</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>rural-Easton</b>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>x rural-Easton</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>Timberlane Farm</b>				/ d. STREET ADDRESS <b>Timberlane Farm</b>			
e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Nolan</b> Last <b>Rambo</b>		4. DATE OF DEATH Month <b>May</b> Day <b>4</b> Year <b>19 58</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 3, 1889</b>	9. AGE (In years last birthday) <b>68</b> yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Jaywood Rambo</b>				14. MOTHER'S MAIDEN NAME <b>Josephine Middleton</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Mrs. Marie Rambo, Easton, RD, Maryland</b>			
18. CAUSE OF DEATH [Enter only one cause or line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>450.0</b> DUE TO <b>Arteriosclerosis</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Arteriosclerosis</b> DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>3-4 years</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>5-7-54</b> , 19 <b>54</b> , to <b>May 4</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>4-21</b> , 19 <b>58</b> , and that death occurred at <b>8:30</b> A.M., from the causes and on the date stated above.							
ACTUAL SIGNATURE <b>William L. Winters</b>				ADDRESS (Street, city or town, state) <b>2103 Dover Easton Md</b> DATE SIGNED <b>5/7/58</b>			
PHYSICIAN'S NAME (Type) <b>WILLIAM L. WINTERS</b>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>5/7/58</b>		22c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Memorial Park</b>		22d. LOCATION (City, town, or county) (State) <b>Easton, Rd, Maryland</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>W. Hampton Carroll</b>				40a. REC'D BY REGISTRAR <b>Easton, Md.</b>		24b. REGISTRAR'S SIGNATURE <b>Alfred</b>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## 6164 CERTIFICATE OF DEATH

Reg. Dist. No. 06161

1. PLACE OF DEATH o. COUNTY <b>Talbot</b> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Talbot</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>Easton</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>40 Easton</b>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <b>411 North St.</b>		d. STREET ADDRESS <b>411 North St.</b>	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>DOROTHY</b> Middle <b>E.</b> Last <b>SATCHELL</b>		4. DATE OF DEATH Month <b>May</b> Day <b>24</b> Year <b>19 58</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 21, 1917</b>
9. AGE (In years last birthday) <b>40</b> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Maryland</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13. FATHER'S NAME <b>Charles F. Perry</b>		14. MOTHER'S MAIDEN NAME <b>Emma Patrick</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	
17. INFORMANT <b>Mr. Lawrence Satchell</b>		Address <b>Easton, Md.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>171x Metastatic Carcinoma of Cervix</b> DUE TO (b) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH <b>7 mos.</b>			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. p. m. <b>19</b>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <b>NOV. 1957</b> to <b>MAY 24, 1958</b> , that I last saw the deceased alive on <b>MAY 24, 1958</b> , and that death occurred at <b>6:30 A. M.</b> from the causes and on the date stated above.			
ACTUAL SIGNATURE <b>Donald F. Bartley</b> M.D.		ADDRESS (Street, city or town, state) <b>9 N. HANSON ST. EASTON MD</b>	
DATE SIGNED <b>5-24-58</b>			
PHYSICIAN'S NAME (Type) <b>DONALD F. BARTLEY M.D.</b>			
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>May 27, 1958</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Spring Hill Cemetery</b>		22d. LOCATION (City, town, or county) (State) <b>Easton, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>Maurice E. Newnam &amp; Son</b>		ADDRESS <b>Easton, md.</b>	
24a. REC'D BY REGISTRAR DATE <b>JUN 2 '58</b>		24b. REGISTRAR'S SIGNATURE <b>W. H. Satchell</b>	







## 6177 CERTIFICATE OF DEATH

06162

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <b>Talbot</b> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE <b>Maryland</b> b. COUNTY <b>Talbot</b>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <b>St. Michaels</b>				c. LENGTH OF STAY IN 1b <b>5 min.</b>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>BENJAMIN</b> Middle <b>FRANKLIN</b> Last <b>SHERMAN</b>				4. DATE OF DEATH Month <b>May</b> Day <b>24</b> Year <b>1958</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>August 27, 1892</b>	
9. AGE (In years last birthday) <b>65</b> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Trans. Mgr.</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>			
11. BIRTHPLACE (State or foreign country) <b>Dorchester Co., Md.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>George Franklin Sherman</b>				14. MOTHER'S MAIDEN NAME <b>Ida G. Ambrell</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>WW I 214-05-1030</b>		17. INFORMANT <b>Mrs. B. Frank Sherman, McDaniel, Md.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>myocardial infarction</b> <b>420.1</b> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>atherosclerotic coronary artery d</b> (c) <b>artery d</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <b>19</b>				20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <b>5-24-58</b> , to <b>5-24-58</b> , that I last saw the deceased alive on <b>5-24-58</b> , and that death occurred at <b>8 PM</b> , from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE <b>St. Michaels Md</b> M.D. <b>St. Michaels Md</b> PHYSICIAN'S NAME (Type) <b>5-26-58</b>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		22b. DATE THEREOF <b>May 27, 1958</b>		22c. NAME OF CEMETERY OR CREMATORY <b>East New Market Cem.</b>		22d. LOCATION (City, town, or county) (State) <b>East New Market, Md.</b>	
23. FUNERAL DIRECTOR'S SIGNATURE <b>S. Hampton Harrison, St. Michaels, Md</b>				24a. REC'D BY REGISTRAR DATE <b>MAY 29 '58</b>		24b. REGISTRAR'S SIGNATURE <b>W. Beach</b>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6165 CERTIFICATE OF DEATH

Reg. Dist. No. 06163

1. PLACE OF DEATH o. COUNTY <u>ALBON</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>EASTON Memorial Hosp.</u>		d. STREET ADDRESS <u>Trunk</u>	
3. NAME OF DECEASED (Type or print) First <u>Cooper</u> Middle <u>C.</u> Last <u>Smith</u>		4. DATE OF DEATH Month <u>5</u> Day <u>24</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 2 1901</u>
9. AGE (In years last birthday) <u>56</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Clarence M. Smith</u>	
14. MOTHER'S MAIDEN NAME <u>Melvenia J. Wiley</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Unknown</u>	
16. SOCIAL SECURITY NO. <u>Not given</u>		17. INFORMANT <u>Mrs. Willie Belle Austin sister</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarct</u> DUE TO <u>Coronary occlusion</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> of work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>Sept 10 1958</u> , 19 <u>58</u> , to <u>25</u> , 19 <u>58</u> , that I last saw the deceased alive at <u>10:25 AM</u> , and that death occurred at <u>10:25 AM</u> , from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E.C.H. Schmidt</u>		DATE SIGNED <u>24 May 58</u>	
PHYSICIAN'S NAME (Type) <u>E.C.H. Schmidt</u>		ADDRESS (Street, city or town, state) <u>2195 Washington St. Easton 16, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>5-26-58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Cambridge Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Cambridge, Maryland</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>LeCompte Funeral Service - Cambridge - 164</u>		24a. REC'D BY REGISTRAR <u>DATE MAY 28 '58</u>	24b. REGISTRAR'S SIGNATURE <u>W. L. Beach</u>

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



CERTIFICATE OF DEATH

Caesary section  
Hospital - Fort

F. C. H. Schmidt  
F. C. H. Schmidt  
F. C. H. Schmidt

Center 16 Maryland  
did not register at 2444



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6166 CERTIFICATE OF DEATH

Reg. Dist. No. 06164

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>3 days</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Baby Girl Stewart</u>				4. DATE OF DEATH Month Day Year <u>May 31 1958</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 28 1858</u>	
9. AGE (In years last birthday) yrs. <u>7</u>		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>W Maynard Stewart</u>				14. MOTHER'S MAIDEN NAME <u>Doris Brewster</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Mr W Maynard Stewart</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>prematurity</u> 776x DUE TO (b) <u>776x</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) <u>776x</u> INTERVAL BETWEEN ONSET AND DEATH <u>22 hrs</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While <input type="checkbox"/> of work Not while <input type="checkbox"/> of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>5-28</u> , 19 <u>58</u> , to <u>5-31</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-31</u> , 19 <u>58</u> , and that death occurred at <u>7:50 P</u> M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE <u>St Michaels med</u> M.D. <u>St Michaels med</u> PHYSICIAN'S NAME (Type) <u>Dr M Brecker</u> <u>6-2-58</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Incineration</u>		22b. DATE THEREOF <u>6/2/58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Memorial Hospital</u>		22d. LOCATION (City, town, or county) (State) <u>Easton Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				24a. REC'D BY REGISTRAR DATE <u>JUN 5 '58</u>		24b. REGISTRAR'S SIGNATURE <u>W. Leach</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

2180304 XVO







6167

CERTIFICATE OF DEATH

Reg. Dist. No. 06165

1. PLACE OF DEATH a. COUNTY <u>TALBOT</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MD</u> b. COUNTY <u>TALBOT</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>St. Michaels</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Easton Memorial Hosp.</u>				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Boy</u> Last <u>Stewart</u>				4. DATE OF DEATH Month <u>May</u> Day <u>29</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 28 - 1958</u>	
9. AGE (In years last birthday) yrs. <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>W. Maynard Stewart</u>				14. MOTHER'S MAIDEN NAME <u>Doris Brewster</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mr Maynard Stewart</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u> <u>776x</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from <u>5-28</u> , 19 <u>58</u> , to <u>5-29</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-29</u> , 19 <u>58</u> , and that death occurred at <u>7:40</u> M., from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>[Signature]</u> M.D.				ADDRESS (Street, city or town, state) <u>St Michaels Md</u> DATE SIGNED <u>6-2-58</u>			
PHYSICIAN'S NAME (Type) <u>L. M. Reeder</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Incineration</u>		22b. DATE THEREOF <u>6/2/58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Memorial Hospital</u>		22d. LOCATION (City, town, or county) (State) <u>Easton Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS _____				24a. REC'D BY REGISTRAR DATE <u>JUN 3 '58</u>		24b. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

2280305XVO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.  
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. RACE		5. DATE OF BIRTH		6. PLACE OF BIRTH		7. DATE OF DEATH		8. PLACE OF DEATH		9. CAUSE OF DEATH		10. MANNER OF DEATH		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF REGISTRAR	
JAMES EARL RAY		M		35		W		1928		MEMPHIS, TENN.		APR 4, 1968		MEMPHIS, TENN.		HEART DISEASE		SUICIDE		[Signature]		[Signature]	
13. FULL NAME OF PHYSICIAN		14. ADDRESS OF PHYSICIAN		15. CITY AND STATE OF PHYSICIAN		16. NAME OF HOSPITAL		17. ADDRESS OF HOSPITAL		18. CITY AND STATE OF HOSPITAL		19. NAME OF REGISTRAR		20. ADDRESS OF REGISTRAR		21. CITY AND STATE OF REGISTRAR		22. NAME OF WITNESS		23. ADDRESS OF WITNESS		24. CITY AND STATE OF WITNESS	
DR. JAMES EARL RAY		1000 ...		MEMPHIS, TENN.		MEMPHIS ...		MEMPHIS, TENN.		MEMPHIS, TENN.		[Name]		[Address]		MEMPHIS, TENN.		[Name]		[Address]		MEMPHIS, TENN.	

THIS CERTIFICATE IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, STATE DEPARTMENT OF HEALTH, BALTIMORE, MD. IT IS TO BE RETURNED TO THE PHYSICIAN OR REGISTRAR WHO ISSUED IT.



## 6168 CERTIFICATE OF DEATH

06168

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>Dorchester</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Hurlock</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hosp</u>				d. STREET ADDRESS <u>None</u>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Milton</u> <u>Guy</u> <u>Trice</u>				4. DATE OF DEATH Month Day Year <u>May</u> <u>23</u> <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 25, 1886</u>	
9. AGE (In years lost birthday) <u>71</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>John Trice</u>				14. MOTHER'S MAIDEN NAME <u>Lillie Mae Parker</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>unknown</u>				16. SOCIAL SECURITY NO. <u>Not given</u>		17. INFORMANT Address <u>Mrs Lillie Trice (wife)</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary atherosclerotic heart disease</u> <u>420.1</u> DUE TO <u>Cardiac failure</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) <u>Easton</u>				20f. (County) <u>Dorchester</u>		20f. (State) <u>Md.</u>	
21. I certify that I attended the deceased from <u>5/13</u> , 19 <u>58</u> , to <u>5/23</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5/22</u> , 19 <u>58</u> , and that death occurred at <u>2 P.M.</u> , from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>Thurston Harrison</u>				ADDRESS (Street, city or town, state) <u>Easton Maryland</u>			
DATE SIGNED <u>28 May 58</u>							
PHYSICIAN'S NAME (Type) <u>THURSTON HARRISON</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>5/25/58</u>		22b. DATE THEREOF		22c. NAME OF CEMETERY OR CREMATORY <u>Washington Cemetery Hurlock, Md.</u>		22d. LOCATION (City, town, or county) (State) <u>Dorchester Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Ruth S. Holloway</u>				ADDRESS <u>East New Market, Md.</u>		24a. REC'D BY REGISTRAR <u>W. H. H. H.</u>	
DATE <u>MAY 25 1958</u>				24b. REGISTRAR'S SIGNATURE			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



15



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6169

## CERTIFICATE OF DEATH

Reg. Dist. No.

06167

1. PLACE OF DEATH o. COUNTY <u>TALBOT</u> MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md.</u> b. COUNTY <u>TALBOT</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>EASTON</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Clairborne</u>	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Easton Memorial Hosp.</u>		d. STREET ADDRESS <u>None</u>	
3. NAME OF DECEASED (Type or print) First <u>Ethel</u> Middle <u>West</u> Last <u>West</u>		4. DATE OF DEATH Month <u>6</u> Day <u>5</u> Year <u>1958</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 14, 1909</u>
9. AGE (In years last birthday) <u>49</u> yrs.		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Joseph Jefferson</u>		14. MOTHER'S MAIDEN NAME <u>Emma Knosky</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No given</u>		16. SOCIAL SECURITY NO. <u>No given</u>	
17. INFORMANT <u>Mr James West (Trust)</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Melanotic Carcinoma of</u> <u>150x</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>the neptrogen</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>	20d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from <u>19</u> to <u>19</u> , that I last saw the deceased alive on <u>11 A.M.</u> and that death occurred at <u>11 A.M.</u> from the causes and on the date stated above.			
ACTUAL SIGNATURE <u>E. C. H. Schmidt</u>		DATE SIGNED <u>219 S. West 11th St. 14 May 58</u>	
PHYSICIAN'S NAME (Type) <u>E. C. H. Schmidt</u>		ADDRESS (Street, city or town, state) <u>Easton 16, Maryland</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>5/16/58</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Springhill Cemetery</u>	22d. LOCATION (City, town, or county) (State) <u>Easton Md</u>
23. FUNERAL DIRECTOR'S SIGNATURE <u>L. Hamilton Harrison, St. Michaels Md</u>		24a. REC'D BY REGISTRAR <u>DATE MAY 20 '58</u>	
		24b. REGISTRAR'S SIGNATURE <u>Alfred</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.







## 6170 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Talbot</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>30 days</u>			
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				40			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>48 Flood Ave.</u>			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>E</u> Last <u>Wilson</u>				4. DATE OF DEATH Month <u>5</u> - Day <u>11</u> - Year <u>1958</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2/23/28</u>	
9. AGE (In years last birthday) <u>80</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13. FATHER'S NAME <u>Ernest Hanks</u>				14. MOTHER'S MAIDEN NAME <u>Rachel Anne Wilson</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>none</u>			
17. INFORMANT <u>Bertude Davis (daughter)</u>				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary embolism</u> <u>465X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>gunshot left leg</u> DUE TO (c) <u>suicidal</u> INTERVAL BETWEEN ONSET AND DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. <u>19</u>				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that I attended the deceased from <u>Patrol</u> , 19 <u>58</u> , to <u>12/16/58</u> , that I last saw the deceased alive on <u>12/16/58</u> , and that death occurred at <u>8:45 P</u> M, from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>E.C.H. Schmidt</u> M.D.				ADDRESS (Street, city or town, state) <u>2195 Washington D.C.</u> DATE SIGNED <u>12/16/58</u>			
PHYSICIAN'S NAME (Type) <u>E.C.H. Schmidt</u>				<u>Easton 16 Maryland</u>			
22a. BURIAL, CREMATION, REMOVAL (Specify)		22b. DATE THEREOF <u>5/14/58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Drappe Cemetery</u>		22d. LOCATION (City, town, or county) (State) <u>Drappe Md</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>James B. Doherty</u> ADDRESS <u>Easton, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>MAY 15 '58</u>		24b. REGISTRAR'S SIGNATURE <u>Albean</u>	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



NAVY AND STATE DEPARTMENT OF HEALTH—BALTIMORE, MD.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6171

CERTIFICATE OF DEATH

Reg. Dist. No. 06169

1. PLACE OF DEATH a. COUNTY <u>Talbot</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Caroline</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Easton</u>				c. LENGTH OF STAY IN 1b <u>6 hrs to mins</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION <u>Memorial Hospital</u>				d. STREET ADDRESS <u>05X-2</u>			
3. NAME OF DECEASED (Type or print) First <u>Jerome</u> Middle <u>Merritt</u> Last <u>Woodward</u>				4. DATE OF DEATH Month <u>5</u> - Day <u>19</u> - Year <u>1958</u>			
5. SEX <u>m</u>		6. COLOR OR RACE <u>wh</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>10/20/92</u>	
9. AGE (In years last birthday) <u>65</u> yrs.		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman - Farmer Insurance</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Jerome H. Woodward</u>				14. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Fluharty</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>not given</u>			
17. INFORMANT <u>Mrs Betty Pleasanton (daughter)</u>				Address <u>Greensboro, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> <u>526X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Bronchiectasis</u> DUE TO (c) _____ INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 yrs</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. _____ p. m. _____ 19 _____				20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) _____ (County) _____ (State) _____							
21. I certify that I attended the deceased from <u>3/19</u> , 19 <u>58</u> , to <u>5/20</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>3/19</u> , 19 <u>58</u> , and that death occurred at <u>10:20 P.M.</u> from the causes and on the date stated above. ADDRESS (Street, city or town, state) <u>Greensboro, Md.</u> DATE SIGNED <u>5/20/58</u> ACTUAL SIGNATURE <u>P. E. Coy</u> M.D. _____ PHYSICIAN'S NAME (Type) <u>P. E. Coy</u>							
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		22b. DATE THEREOF <u>5/23/58</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Greensboro</u>		22d. LOCATION (City, town, or county) (State) <u>Greensboro, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Boulard</u>				ADDRESS <u>Greensboro, Md.</u>		24a. REC'D BY REGISTRAR DATE <u>MAY 21 '58</u>	
				24b. REGISTRAR'S SIGNATURE <u>_____</u>			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.



CERTIFICATE OF DEATH

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<p>1. NAME OF DECEASED                  [Faint text]</p>		<p>2. SEX                  [Faint text]</p>	
<p>3. AGE                  [Faint text]</p>		<p>4. DATE OF BIRTH                  [Faint text]</p>	
<p>5. PLACE OF BIRTH                  [Faint text]</p>		<p>6. OCCUPATION                  [Faint text]</p>	
<p>7. MARITAL STATUS                  [Faint text]</p>		<p>8. CAUSE OF DEATH                  [Faint text]</p>	
<p>9. MEDICAL HISTORY                  [Faint text]</p>		<p>10. DATE OF DEATH                  [Faint text]</p>	
<p>11. PLACE OF DEATH                  [Faint text]</p>		<p>12. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>13. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>14. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>15. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>16. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>17. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>18. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>19. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>20. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>21. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>22. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>23. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>24. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>25. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>26. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>27. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>28. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>29. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>30. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>31. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>32. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>33. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>34. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>35. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>36. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>37. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>38. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>39. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>40. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>41. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>42. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>43. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>44. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>45. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>46. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>47. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>48. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>49. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>50. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>51. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>52. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>53. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>54. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>55. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>56. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>57. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>58. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>59. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>60. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>61. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>62. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>63. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>64. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>65. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>66. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>67. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>68. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>69. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>70. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>71. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>72. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>73. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>74. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>75. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>76. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>77. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>78. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>79. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>80. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>81. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>82. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>83. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>84. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>85. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>86. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>87. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>88. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>89. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>90. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>91. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>92. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>93. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>94. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>95. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>96. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>97. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>98. SIGNATURE OF DECEASED                  [Faint text]</p>	
<p>99. SIGNATURE OF WITNESS                  [Faint text]</p>		<p>100. SIGNATURE OF DECEASED                  [Faint text]</p>	

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